

LEAVE REQUEST FORM

(Requests for Bereavement require a separate form)

Part I: To be completed by Employee

Employee:	Date:	
Employee:(Print) Dept:		
Type of Leave Requested (Check one.)	<u>Date(s)</u>	# of Hours
 □ Annual □ Personal □ Compensatory □ Sick □ Administrative □ Leave without pay □ Other (Please explain below.) 		
 □ Annual □ Personal □ Compensatory □ Sick □ Administrative □ Leave without pay □ Other (Please explain below.) 		
Employee Signature	Da	nte
Part II: To be completed by Supervisor/Administration	ve Official	
Approved Disa	pproved	
Remarks: (Reason for denial of leave must be docume	ented.)	
Supervisor/Administrative Official Signature		 Date

Management – retain a copy for your records and return the original to the employee.

For internal use only. **Do not send to Judiciary Human Resources**